



## Administration of Medicines Policy

---

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

### **DfE April 2014 – Supporting Pupils At School With Medical Conditions**

Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Boards must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Boards should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

**This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.**

### **STAFF DUTIES**

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a school, we train specific named staff for the purpose of the administration of medicines; Richard Simmonds or Helen Hannigan (in school) and named staff members on risk assessment (residential visits).

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

### **PROCESS FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL – SHORT TERM MEDICAL NEEDS**

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labeling identifying the child by name and with original instructions for administration, dosage and storage.

The school will not accept or administer:

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after 3:15pm, or attending a residential visit)
- Piriton (unless prescribed by a doctor for an ongoing medical condition)
- Paracetamol eg Calpol, or aspirin (unless by prior agreement for an ongoing medical condition)

On accepting medication, the parent must sign a form disclosing all details and giving permission

for the medication to be administered by a named person (usually Helen Hannigan, or a staff volunteer in the case of educational visits).

The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

When administering, the named adult must complete a record (appendix a) showing the date and time and details/dosage of the medication. This must be counter-signed by another adult, which will be a member of the SLT.

In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

Under no circumstances should a parent send a child to school with any medicines, eg throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer, for reasons given above.

#### **PROCESS FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL – LONG TERM MEDICAL NEEDS**

Where a child has long-term medical needs, a care plan must be written with the assistance of the School Nurse and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.

It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned.

There will also be regular/annual training for all staff on more generalised needs e.g. asthma awareness and epi-pen training, diabetes and epilepsy. The school is well supported by the School Nurse who provides staff with advice and any relevant training on request.

#### **PROCESS FOR THE ADMINISTRATION OF MEDICINES DURING RESIDENTIAL VISITS– ALL MEDICAL NEEDS**

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the School Nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

Date approved by Governors: 19 March 2018

Review Date: 2021

### Parental agreement for school to administer medicine

The school will not be able to give your child medicine unless you complete and sign this form.

Name of School: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

#### Medicine

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

#### Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to the School Office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

**Confirmation of the Head's agreement to administer medicine**

Name of School: \_\_\_\_\_

It is agreed that \_\_\_\_\_ *[name of child]* will receive \_\_\_\_\_  
*[quantity and name of medicine]* every day at \_\_\_\_\_ *[time medicine to be*  
*administered e.g. Lunchtime or afternoon break]*.

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date of course of*  
*medicine or until instructed by parents]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher]*

